

Methamphetamine and Child Removal:

A Demographic Study

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Abstract

Methamphetamine use and manufacture is in epidemic proportions, especially in rural areas. During the past two years, the significant increase has played a significant part in the removals of children from their home. This will be a demographic study of the relationship between removals of children due to methamphetamines to those that were non-methamphetamine related. The demographics that will be studied include age, race, gender, economic status, and educational level. Comparisons will be made by randomly choosing 10 cases methamphetamine removals and 10 non-methamphetamine removals over the past two years at the Hart County Department for Protection and Permanency. This study should serve as a guide to differences or relationships between the two types of child removals.

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Introduction

Problem Statement

Methamphetamine use and manufacture is definitely on the rise today. This is especially true of rural areas where there are many areas that are secluded enough to produce this toxic substance. Historically, this has been a drug mainly used by white males, however, it now includes women, Hispanics, Asian Americans and gay males. The increase is also seen in women of childbearing age. This, in turn, has a significant effect on the child welfare system since many children are found at methamphetamine labs or are removed directly after birth due to the mother and newborn infant testing positive for the drug.

Methamphetamine manufacture is a relatively simple drug to produce and directions can be obtained from the Internet. The effects of the drug is similar to cocaine, however, the euphoric feelings last anywhere from 8 to 10 hours. Cocaine on the other hand, only last 10 to 15 minutes. The drugs cost about the same, however, with methamphetamines, as compared to cocaine, will last much longer. So, in essence, the person is getting more for their money. Methamphetamines have been referred to as “Poor Man’s Cocaine”. There is another major difference between methamphetamines and cocaine, which is the fact that cocaine is a natural substance, whereas, methamphetamine is completely man-made, containing an array of toxic household substances. These substances include, “ephedrine or pseudoephedrine; chemical containers of drain cleaner, battery acid, lye, lantern fuel, acetone, denatured alcohol, iodine, muriatic acid, or antifreeze” (NASW, 2004).

Prosecution of a parent for child endangerment was rarely considered before 1995 when children were found at methamphetamine laboratories. This changed after a home laboratory exploded, killing the three children that were inside the home. The parent was charged and convicted of second-degree murder. "Exposing children to methamphetamine production was ruled, an inherently dangerous felony" (NASW, 2004). At this time there are specific guidelines the social worker must follow when removing a child from a methamphetamine laboratory. This includes "stripping the child of their clothes immediately and covering with a blanket due to contamination, and immediately taking that child to the hospital for a gambit of test to see if health problems are evident due to exposure" (DCBS Guidelines, 2005). The child is not allowed to take anything from the residence due to contamination.

"The 2001 National Household Survey on Drug Abuse found that 9,6 million Americans have tried methamphetamines at least one time" (Foster, 2004). Many of the women who use the drug did so with the intention of losing weight and also enjoy the energy that it gives them, especially since rest become almost nonexistent with the care of a newborn child. The drawback to the initial effects of the drugs is that the user soon discovers that it is virtually impossible to stop using. The craving become more intense and stopping use can be followed by severe depression and lethargic feelings. Eventually, the user cannot function in any activity without using the drug. They even require a "hit" to become motivated enough to get out of bed in the morning. The drug soon controls their life, and every single detail of their life is dependent on "their next score".

Methamphetamine use has become a reoccurring theme in the removal of children by the Department for Community Based Services. In the past two years the main percentage of our

removals have been drug related. The recovery time is so long that our timeframes for permanency such as termination of parental rights is usually the avenue that occurs. More often than not, long time users will become clean for a few months and then resume their habit at a later time. It becomes very discouraging for social workers who are working diligently in attempting to reunify children with their family. When it is thought that the parent of the child has actually beat their addiction, they begin using again. With the new ASPA laws, workers begin seeking permanency for the child/children after one year.

There have been studies conducted on this subject. One study was conducted by the U.S. Department of Health and Human Services (Atkinson, 2004). This study looked at welfare recipients, including those receiving services through TANF (Temporary Assistance for Needy Families). TANF placed a five-year restriction on monetary assistance for individuals with children. After their five years had passed, they were expected to have found gainful employment, promoting self-sufficiency. Again, drugs come into play, which would prevent successful transition into an independent and stable lifestyle for their family. According to this study 10 to 20% of these recipients is addicted to drugs. This, in turn, prevented the welfare to work participants to comply with this mandate. In this case, the methodology was a longitudinal study of chronic users of methamphetamines and their transition from welfare to work. The data in this study used two instruments, which were the Attitudes, Behaviors, and Skills Assessment (ABSA), and the Multidimensional Addictions and Personality Profile (MAPP). The results of this study determined no statistically significant differences in gender, race, education, marital status, etc. The study did show, however, that there may be a significant amount of TANF

participants who do have a drug problem. From a Department for Community Based Services standpoint, this could also result in the removal of their children.

Another study was reviewed from *Pediatrics* and focused on birth outcomes from a prospective, matched study of the use of illicit drugs while baby was in utero. Due to the recent popularity of methamphetamines, it is a growing concern that this drug is used often by women who are pregnant. The results of use during pregnancy can be spontaneous abortion, abruptio placentae, pre-term labor, premature babies, and even death (Eyler, 1998). This study was a meta-analysis of 20 controlled studies. After the baby's birth, they were examined carefully for signs of drug use by the mother such as low birth weight, head and chest circumference, etc. Comparisons were made of continuous outcomes of their growth utilizing the Fisher's Exact test. Spearman's Rho and partial correlations were used to evaluate the amount of drug ingested by the mother during each trimester. The results of the study showed that 81% were African American, 87% were women who had had more than one child, and 77% had low income and education levels. There was a significant difference in the number of pre-term babies where illicit drugs were used. There were no significant deaths between the group of users and the control group. There was statistical significance, but not dramatically so, of growth retardation in the group that used drugs. A social worker's standpoint on this study would be that even though results was not significantly different, there continues to be a greater concern in problems relating to stability and protection of children born to methamphetamine users, resulting in removal.

Research Questions

The specific research questions addressed in this exploratory study were:

- 1) Is there a correlation between removals of children in methamphetamine-related cases and those that are non-methamphetamine related?
- 2) Are there significant differences between the demographics of each group?
- 3) What is the difference in reunification of children with their families regarding each group?

Method

Research Design

The research design employed in this explanatory study was a comparison group design, using secondary data collected in the normal daily activities of the Department for Community Based Services. This study consisted of 20 randomly selected cases from the past 10 years of removals of children from their home. There were 10 cases where the removals were related to methamphetamine use and manufacture and 10 that were non-methamphetamine related. The study will compare and/or contrast the client demographics of each case to see if there are similarities or differences. The demographics to compare/contrast include age, gender, race, education level and economic status.

There will be no hypothesis since this research is explanatory in nature. There will also be no dependent or independent variable as this study only looks for similarities and differences between the two types of cases. This will be a cross-sectional survey in that the “survey is completed only once a cross section of some particular population” (Unrau, Gabor, & Grinnell, 2001). In this case, the population is children who have been removed from their home.

Sampling Design

The sampling design included two groups of randomly chosen cases consisting of methamphetamine removals of children and non-methamphetamine removals. The sampling design's limitations would be that this study was not representative of all rural counties. Even though methamphetamines is a rural drug due to its manufacture, some counties are not as laden with this epidemic as others. This sampling design was quite simple in that it did not include surveys or other instruments. It only consisted of randomly chosen cases from DCBS in which demographic comparisons and differences were studied.

Informed Consent and Data Collection

The need to receive informed consent was not needed since the cases are confidential and no names were identified. The demographics were compared and contrasted to determine if a correlation existed between methamphetamine removals of children to non- methamphetamine removals. The Department of Community Based Services files are confidential, thus there is no chance that data from this study can be pinpointed back to one particular family.

Statistical Analysis

Data was collected in the normal daily activities of the Department for Community Based Services. The data collected was entered in the SPSS program (Version 10.0) and a codebook was developed. Descriptive Statistics were run including the mean, mode, median, standard deviation and the range in order to obtain central tendency and frequency of demographics in this study of methamphetamine removals of children as compared to non-methamphetamine

removals. Ratio scale measures were utilized with age and economic status. Nominal level measures were utilized with gender, race and educational level of clientele.

Findings

Removals of children due to methamphetamine use and manufacture will be represented as N=1. The age of clientele in this study ranged from 24 to 39 with the mean age of 30. The mode in relation to age was 24 showing the largest represented age group. This represented 40% of the age levels, while the remainder was only 10 % each. The median age was 29. The range was calculated at 15. The standard deviation was calculated at 6.236.

The gender of clientele represented in this part of the study was tied at 50% for both males and females. The standard deviation was calculated at .527. This was a very surprising factor in the gender of methamphetamine users and manufacturers since studies have shown that Caucasian males are predominately the main users of the drug.

The race of clientele represented in this study were that 70% were Caucasian , 20% were African American, and 10% were Hispanic. The mean calculated was 1.40 and there was a standard deviation of .699. The fact that African Americans were represented at all was another factor that was surprising. It is rare that African Americans use methamphetamines at all since they are more likely to use cocaine.

In regard to clientele economic level, the frequency calculated 90% of persons losing custody of their children due to methamphetamine use and/or manufacture did not have any income. There was 10% listed as having a yearly income level of \$9,000.00 to \$14,000.00. The mean listed was 1.29 and the standard deviation was calculated at .632.

The final factor studied was the education level of clientele who have lost custody of their children due to methamphetamine use or manufacture and this will be represented by N=2. The results of this part of the demographic study was as suspected in that 10% did graduate from high school and 90% did not graduate from high school. The mean calculation was 1.90 and the standard deviation was .316.

The frequency of clientele losing custody of their children due to reasons that were non-methamphetamine related was as follows. The age of the clientele ranged from 25 to 52. The mean age was 38.40. The median age was 39. The distribution was bimodal in that 25 and 31 are to two most frequent ages in non- methamphetamine removals of children. The range was calculated at 27 since this was the difference between the youngest and oldest clientele in this study. The standard deviation was shown to be 10.178.

The gender of the clientele in this part of the study indicated that 30% were male and 70% were female. The mean was calculated at 1.70 and the standard deviation was .483. This was not surprising since many of these cases have been with single parents. The primary custodian in these cases is the mother.

The race of the clientele studied showed that 90% were Caucasian and only 10% were African American. The mean was calculated at 1.10 and the standard deviation was .316. In the random sampling of this part of the study, there were no Hispanics or other cultures chosen. This factor in the demographic study was not surprising. In rural areas there is very few African American cases since in this culture, problems are taken care of by relatives, etc. There are fewer reports of abuse/neglect in African American households.

Methamphetamine 11

The clientele's economic status of non-methamphetamine removals showed that 60% did not show any income, 10% showed income levels of \$5,000.00 to \$8,000.00, 10% showed income levels of \$9,000.00 to \$14,000.00 and 20% had income levels of \$15,000.00 to \$20,000.00. The mean calculated was 1.90 and the standard deviation was 1.287.

The final demographic area was the clientele's education level. In this particular demographic area the frequency of graduates from high school was only 20% . The percentage of non-graduates from high school was 80%. The mean was calculated at 1.80 and the standard deviation was .422. This is never a surprising factor non-graduates are more frequent than graduates.

The most significant findings in this study are that there is a difference in demographic areas of the loss of custody in methamphetamine cases to those that were non-methamphetamine related. This is especially true in the demographic of age. It appeared that the age range for non-methamphetamine losses of custody continued into an older age bracket. There was also a difference in the gender demographic since methamphetamine related removals showed half female and half males. In non-methamphetamine related removals, females was listed as the most frequent. In clientele's race, Caucasian was too most frequent in both types of removals, however, Hispanics was not listed in non-methamphetamine removals. There was one more economic level listed in the non-methamphetamine removals, however, the biggest percentage in both types of removals showed that no income was the most frequent. The final demographic area of education level was very closely related in the largest proportion represented in both types of removals did not graduate from high school.

One bar graph is included in this study showing the demographics of gender in non-methamphetamine removals. The graph adequately shows the frequency of females to males in non-methamphetamine removals of children. As discussed earlier, the reason behind this could be that removals of single parent families are usually females in that they are the usually named as primary custodian during separation/divorces.

Discussion

The significance of this study was to determine if there was a correlation between children's removals from their home, in regard to methamphetamine use/manufacture and those that were non-methamphetamine related. The study indicated that there was a differences in the age group associated with both such as the wider variance of ages in non-methamphetamine related cases in that their age range went to 52 years. The most significant age of methamphetamine removals was parents in the age range of 24 years.

The gender of clientele also showed differences in that methamphetamine removals occurred evenly between male and female parents. The largest percentage in non-methamphetamine related cases were females. This could be explained by the fact that most removals in non-methamphetamine removals occur to single mothers who are having financial difficulties.

There was a similarity between the races of clients in methamphetamine removals and those that are non-methamphetamine related. The largest percentage on both was Caucasian. African Americans had a low percentage in both categories. There was a significant difference in that in methamphetamine cases Hispanics were listed at 10% whereas, there was no percentage of Hispanics represented in non-methamphetamine cases.

In economic levels of both types of cases, the highest percentage on methamphetamine and non-methamphetamine were given that greatest percentage. In non-methamphetamine related cases there was another economic level listed that was not listed on the methamphetamine cases and this was \$15,000.00 to \$20,000.00. This shows that methamphetamine cases are represented by the lower ends of the income bracket.

The final demographic area represented was education level. There was a significant similarity in that the biggest percentage on both cases indicated that a high school education was not obtained in most of the cases. This would suggest that there is limitations felt by clientele as to how they can manage their lives. This results in some depression and self esteem issues which clouds a person's better judgement.

Conclusion

Findings indicated that there are some significance in certain demographic areas such as education level, race, and economic level. The most significant correlation was that of the education level in that most clientele who have lost custody of their children in both types of cases did not graduate high school. Another significant correlation was race in the main percentage in both types of cases was Caucasian. This could be somewhat skewed in that there is a definite difference in how African Americans and Caucasians handle problems. African Americans tend to be more private and handle their problems without the assistance of outsiders. In age, gender, and to some extent, economic status, the correlation was negative. The similarities were not great enough to be considered significant.

This study should be replicated in that this was done in an area with high methamphetamine use and manufacture. It would also be interesting to know what this study

would reveal in urban areas since this was done in a very rural area. There are also other rural areas that are not as laden with methamphetamines and this could also produce different results.

“Community Action and Model Cities experiences in the 1960’s had an impact on urban renewal” (Brueggemann, 2002). This same concept could be of great benefit to rural areas where methamphetamine use is so prevalent. This study has shown a significant problem with this new epidemic and only a community as a whole would have a chance at trying to combat this. Even though there are many removals that are non-methamphetamine related, the problem with methamphetamines will only intensify weakening our communities.

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